



...saving the greatest number of children's lives at the lowest possible cost



Annual Report 2006

Message from the President

Dear Friends,

2006 ushered in a new era for Child Health Foundation. Because of increased funds available from a trust fund left to us by a family who gave the Bank of America the responsibility of dispensing the funds to a worthy NGO dealing in children's health, we were able to fund eight small grants and hire a new Executive Director. Dr. Carol Collado came to us in September and has already displayed her excellent leadership skills. We look forward to an expanded program and additional funds in the future that will serve the needs of children worldwide.

Funding for Innovative Small Grants was provided to two programs in **Uganda**, and one each in **Kenya, Ethiopia, Ghana, Nigeria, Bangladesh** following review of over a hundred letters of intent and 80 proposals. We also funded three humanitarian proposals, that is, those we felt were not innovative, but yet worthy of supporting. Details of these proposals and final reports of previous proposals are found in this

Annual Report.

Ms. Esther Lazarson is continuing to provide funds for provision of safe water for mothers and children in Bangladesh, work which is being carried out by EPRC, an NGO directed by Dr. Bilqis Haque. To date, they have provided safe water for over 13,000 families.

We have invited two new members to join the Board of Trustees. One is Dr. Nathaniel Pierce, who did some of the original work on oral rehydration therapy in India, and the other is Dr. David Sack, who will be returning soon from his post as Director of the Centre for Health and Population Research in Bangladesh. We expect great things from them.

CHF would like to recognize the contributions of James J. Bausch, who was one of the early board members and a one-time director of the Peace Corp. He died in July at the age of 70. Mr. Bausch's son David requested that gifts in his memory be donated to Child Health Foundation because he felt that we represent the vital concerns his father had for the health of the world's children. Since the Foundation received over \$5,000, it was decided that we would designate some of our 2007 small grants in his name.

The Foundation is continuing to provide logistic support for the Centre for Health and Population Research, and an NIH-funded cholera project, both in Bangladesh, and continues to facilitate funding to the Centre in Bangladesh.

We plan to continue our Innovative Small Grants program, and to intensify our fund-raising efforts now that we have a new director

We trust you will continue to support our activities with your interest and financial contributions.

Sincerely,

R. Bradley Sack, M.D., ScD.

President, CHF Board of Trustees



CHILD HEALTH FOUNDATION NEWS was published three times in 2006 and each issue was mailed to over 1200 readers and contributors. The content of the newsletter informs interested and caring individuals about our activities and the findings of important research. Further, we try to disseminate the latest information concerning children's health and disease prevention for all those who care for and about children.

Innovative Small Grants

The Innovative Small Grants Program allows donors of gifts to have broad geographic impact on a wide spectrum of topic areas, with the Foundation performing the administrative oversight. An amount of up to \$5,000 is granted, through a competitive procedure conducted by our panel of experts, to health workers, investigators, and community organizations who submit proposals using our guidelines. All grantees exemplify our mission "to save the greatest number of children's lives at the lowest possible cost." **Lessons learned ultimately benefit children everywhere.** We grant as many as we are able with the funds available to innovative projects involving infants and children. In 2006 we were happy to award ten of them through gifts from our trustees and our generous donors. They, as well as brief reports from the completed projects of the previous years, are described here. **Complete reports are available upon request.**

2006 Small Grants Awards

1. CIAD,AC, Mexico

To test the impact of an education model on the prevalence of intestinal parasitic infections in schoolchildren from northwestern Mexico during the Deworming Campaign: a pilot study.

2. KEDS, Ethiopia

A continuation project (see 2005 update opposite) to facilitate improvement in local health culture using sustainable, low technology methods within households and the village elementary schools. Because of past work, this village has been designated a "model community" by the District Ministry of Health.

3. Umoja Women Group, Kenya

To carry out a large household survey in one area of the Division, to assess the health needs of all children under age 6 years, who have been left under the care of their grandparents.

4. Community Empowerment Initiative, Uganda

To conduct hygiene and sanitation education programs in primary schools, with the aim to reduce water-borne diseases.

5. Millenium Poverty Eradication Programme, Uganda-

The grant is used to train volunteers, purchase farm seeds, tools, cows, and to conduct educational programs of health and nutrition.

6. Dip Unnayan Society, Bangladesh-

A continuation project (see 2004) to benefit impoverished children by creating 100% safe environments in 15 villages over the period of a year.

7. Sweet Mother Program, Nigeria-

The program aims at empowering parents and families with knowledge, resources, skills, and behavior modification to ensure safe motherhood, healthy children, and a good start in life for newborns.

8-10. Three Grants were awarded for purely humanitarian purposes, i.e., to feed and shelter the needy.

Seeds, Calcutta, India

MJKJ, Pakistan

CSI, Kenya

2005 Project Updates

1. Kossoye Project (KEDS), Ethiopia, is conducting a four-fold attack on the major causes of child illness there, that is, malnutrition, trachoma, diarrhea, and sexually transmitted diseases. This phase of the project is completed but has been awarded a 2006 award.

Thus far, four trained Community Health Workers have maintained regular visits to 289 homes in the community on a bimonthly schedule emphasizing:

1. Cereal-based oral rehydration therapy
2. Latrine construction using locally available materials.
3. Face and hand washing
4. Tetracycline eye ointment treatment to prevent trachoma
5. Improved nutrition practices
6. Monthly weighing of children

Several workshops were held giving instruction to teachers and students on such subjects as home gardening, HIV/AIDS prevention, nutrition, and use of oral rehydration. Dramatic presentations and role play gave the participants insight and helped with solutions.

Evaluations were conducted and the need to continue with some changes in approach will be employed in the 2006 project.

2. Afro Development Foundation (ADF), Tanzania. conducted a very successful workshop in March to equip and educate healthcare providers on malaria



Doctor applies eye ointment

continued on page 4

Grants Continued

2005 Updates *continued from p.3*

control and the use of oral rehydration therapy in the prevention of childhood death from diarrhea.



Hidaya with her mosquito net

The three-day workshop was carried out in Mkuranga District, a coastal region, and was conducted through presentations, group discussions, demonstrations, role-play and videos. Nurses and traditional midwives from Maternal, Child Health clinics participated and besides learning better skills, were also given reference manuals and mosquito nets, oral rehydration salts, and insecticide to distribute to their patients.

Pre- and post-tests clearly demonstrated the need for this instruction. A follow-up will be conducted to evaluate the impact on the district children. However, the ADF expects the rate of illness to be reduced by 80%, and the death-rate by 90% in two years.

3. Butoke, Democratic Republic of Congo, is creating a core of resource persons and trainers embedded in the base communities to become competent to enlighten youth and adults on responsible sexuality in the light of faith and science. Much like all of Africa, HIV/AIDS is a very serious problem there.

Thus far they have organized the curriculum, presented it to two physicians and two pastors for accuracy and clarification, and held four workshops. The first workshop proved to the organization leaders that their approach is well accepted. It was interesting to note that many attendees had much to learn about the physiology of sexual behavior. More discussion of this subject is planned for the next workshops. Some objection among church leaders still remains in the use of birth control measures.

Additional workshops are planned and this educational approach will certainly mean fewer babies born with HIV infection and more responsible behavior of the Congolese youth.

4. Musokoto Joint Farmers Self-help Group, Kenya, set out to develop a child nutrition and health project aimed at improving the health status of orphans with HIV/AIDS.

The first part of their project has been involved in holding workshops to educate trainers, selecting land, and planting nutritional foods to use as demonstration.

One acre in each of two villages and 5 smaller plots for kitchen gardens were donated where beans, sweet potatoes, groundnuts, soya beans, and various vegetables were planted.

5. Health Forum in Palestine, Ramallah, West Bank, addressed the major factors that contribute to the high infant malnutrition in the AL Amari refugee camp, and that lead to increased susceptibility to disease and death. The objective was to reduce malnutrition through early onset and prolonged duration of breastfeeding.

More than 60% of the population of 10,000 in this camp are children, and 205 of these were chosen for an initial survey to discover breastfeeding practices and what educational methods needed to be implemented. Questionnaires and interviews were used for the research



A mother's workshop was held to stimulate understanding of the need to breastfeed exclusively for at least 6 months and to help with introducing complementary foods after that age. It was found that more of these need to be held and funds will be sought to hold more.

The results of the work will help researchers and policy makers in setting up well based programs for interventions in the field of weaning.

Also a masters thesis has come out of the study for one of the student participants.

6. St. Johns National Academy of Health Sciences, Bangalore, India, because of unanticipated delays, is just beginning the project on **Anemia and pediatric HIV:** role of nutrition intervention in improving quality of life among anemic HIV-infected children. They have received additional funding which allows them to increase the number of children to study from 50 to 200.



...saving the greatest number of children's lives at the lowest possible cost

We at Child Health Foundation want to thank you for any donations you have made in the past. We have observed that some people don't realize that their contribution, besides giving them a warm feeling for knowing that they have saved children's lives and made them happier, also improves their own and their children's lives. You see, research done in regions where disease is prevalent helps to prevent those organisms from spreading. Furthermore, it gives local medical practitioners the expertise to combat emerging infections when they do escape.

Everyone also benefits from our efforts to educate the general public about low-cost ways to prevent and treat common childhood diseases and promote better nutrition. So stay with us, read our literature, and please support us financially.

You can send your tax-deductible contribution in any amount to the address below.

**Child Health Foundation.
10630 Little Patuxent Parkway, Suite 126
Columbia, MD 21044**

**Phone (410) 992-5512
Fax: (410) 992-5641
Email: contact@childhealthfoundation.org**

Presorted Std
Nonprofit
U.S. Postage Pd
Pemit # 402
Columbia, MD
21045

Visit our website at www.childhealthfoundation.org

Other Activities

Update on Water Program Environmental and Population Research Centre (EPRC), Bangladesh



In January 2006, Dr. and Mrs. Bradley Sack (President and V. Pres. of the Board of Trustees) visited with Dr. Bilqis Hoque who is the principal investigator of the CHF-

water project in Bangladesh. EPRC set out in 2002 to develop appropriate techniques for management of safe drinking water for children in relation to floods in areas which experience these annually. It continues because of the generous donations from Miss Esther Lazarson of New York City,

There has been unfortunately a lack of information about appropriate ways to manage safe water for children during flood seasons, which occur annually. And the precautions that are known by scientists are usually not carried out by the families, nor is the simple oral rehydration therapy always known and used by children's caregivers when diarrhea occurs.

A total of 13,494 villagers now have a safe water supply.

During the latest phase, activities commenced in four villages. All the previously installed water wells were inspected and found to be in full use and arsenic-free. Thirty-two more tubewells providing safe water were installed serving a total of 2,617 people, over a thousand of them children, bringing the total number served to 13,494.

In attempts to bore the tubewells, about one out of four were unsuccessful because the arsenic and/or saline levels were too high. It is encouraging to know that bacteria is not the only concern.

The community is also asked for a small financial contribution for their water to give them an investment in it. The money received is used to buy books and pay teachers for two nursery and Class I schools, adding another helpful component to the project

The newest adventure comes because much time has been saved with the new water availability. Thus, it seemed appropriate for the EPRC to use that time to begin a women's empowerment program. Women's clubs were begun at the schools where the mothers were encouraged to get involved in

Reaching Out

Child Health Foundation sent CeraLyte oral rehydration solution (ORS) to Nicaragua in March to an NGO, Food For the Poor, thanks to support from two corporations and MAP International. It was valued at nearly \$128,000. Later, another shipment valued at over 82,000 was sent by Direct Relief International to Pakistan to help with the recovery of victims of the 2005 earthquake. The CeraLyte was donated to us by Cera Products of Columbia, Maryland and Cumberland Pharmaceuticals of Nashville. This ready-to-drink electrolyte solution prevents dehydration from diarrheal diseases, and can help prevent the need for expensive and painful IV treatments.



homestead gardening, literacy and health education.

Help to the Earthquake Victims

The catastrophic 7.6 earthquake in Pakistan in October 2005 killed about 40,000 people, left 200,000 injured and 3 million homeless, forcing them to face the Himalayan winter in temporary shelters.

Concerned about those suffering from illness and homelessness, the Foundation sent \$1,000 to Mercy USA and another \$1,000 to the Petarian Foundation to help provide a village of 7,000 families with relief goods. These funds were made possible by Dr. William Greenough, a member of our

A Paper Published

Dr. Bilqis Hoque, the director of the Water Program in Bangladesh (*see report in adjacent column.*) has published a paper in the Journal of Emergency Management as a result of some of the observations and research she made while conducting the drilling of wells.

The paper gives a vivid description of the ways the women cope when they don't have toilets: They barely eat or drink to avoid the need for elimination, they climb trees because bushes have washed away, or they wait until dark.

The area in which the work is being carried out is an often flooded area. Bangladesh itself is one of the most flood-prone countries of the world. And when the villages are affected by floods, the EPRC team asked the people to prioritize their needs. Out of food, water, latrines, drugs, doctors, and others, 69% of the women named latrines. Actually they have few latrines even in the best of times and this lack leads to spread of diseases. *Complete report available upon request.*